12-05-9

PTO/SB/05 (03-01)

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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 4729US Ashok V. Joshi First Inventor NOVEL IONTOPHORETIC DRUG DELIVERY SYSTEMS

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EL740546822US Assistant Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: **Box Patent Application** Washington, DC 20231 See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or Х (Submit an original and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission 2. See 37 CFR 1.27. (if applicable, all necessary) Specification [Total Pages (preferred arrangement set forth below) Computer Readable Form (CRF) 3. - Descriptive title of the invention Specification Sequence Listing on: - Cross Reference to Related Applications CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, paper or a computer program listing appendix Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure Attorney . (when there is an assignee) English Translation Document (if applicable) 4. X Drawing(s) (35 U.S.C. 113) [ Total Sheets Copies of IDS Information Disclosure U Citations [ Total Pages 5. Oath or Declaration Statement (IDS)/PTO-1449 ťÓ **Preliminary Amendment** Х Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) LT Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Nonpublication Request under 35 U.S.C. 122 named in the prior application, see 37 CFR 16 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 1.63(d)(2) and 1.33(b). or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other: ٢Ų 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.:\_ Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Bar Code Label Name PATENT TRADEMARK OFFICE <u>Address</u> State Zip Code City Fax Telephone Country Registration No. (Attorney/Agent) 33,041 Name (Print/Type) Date Signature

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (11-00)

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## FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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Complete if Known					
Application Number					
Filing Date	November 2, 2001				
First Named Inventor	Ashok V. Joshi				
Examiner Name	To be assigned				
Group Art Unit	To be assigned				
Attorney Docket No.	4729US				

- 1	METHOD OF PAYMENT	FEE CALCULATION (continued)					
1	1. X The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES					
	indicated fees and credit any overpayments to:  Deposit	Large Small					
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	Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	cover sheet	$\dashv$				
	Applicant claims small entity status.	139 130 139 130 Non-English specification					
ŀ	See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination					
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j	1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month					
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5	<b>SUBTOTAL (1)</b> (\$) 740.00	138 1,510 138 1,510 Petition to institute a public use proceeding					
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: <del>-</del>	2. EXTRA CLAIM FEES  Fee from	141 1,240 241 620 Petition to revive - unintentional					
	Extra Claims below Fee Paid  Total Claims 38 -20** = 18 × 18 = 324	<del>-</del> ¬					
3	Total Claims 38 -20** = 18 X 18 = 324 Independent 5 - 3** = 2 X 84 = 168	<b>=1</b>					
	Claims	0 122 130 122 130 Petitions to the Commissioner					
	L. J	123 50 123 50 Processing fee under 37 CFR 1.17(q)					
	Large Entity Small Entity	126 180 126 180 Submission of Information Disclosure Stmt					
	Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per					
ı	103 18 203 9 Claims in excess of 20	property (times number of properties)	40				
ĺ	102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))					
١	104 270 204 135 Multiple dependent claim, if not paid	149 710 249 355 For each additional invention to be	$\neg$				
١	109 80 209 40 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))	$\dashv$				
١	110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)					
ı	and over original patent	169 900 169 900 Request for expedited examination	[				
	SUBTOTAL (2) (\$)1,232.00	of a design application Other fee (specify)					
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	**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)	40				

SUBMITTED BY	$\bigcirc$	00				Complete (ii	Complete (if applicable)	
Name (Print/Type)	Alle# C	Thrher	$\nearrow$	Registration No. (Attorney/Agent)	33,041	Telephone	(801)532-1922	
Signature	1 th			2		Date	11/02/2001	

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